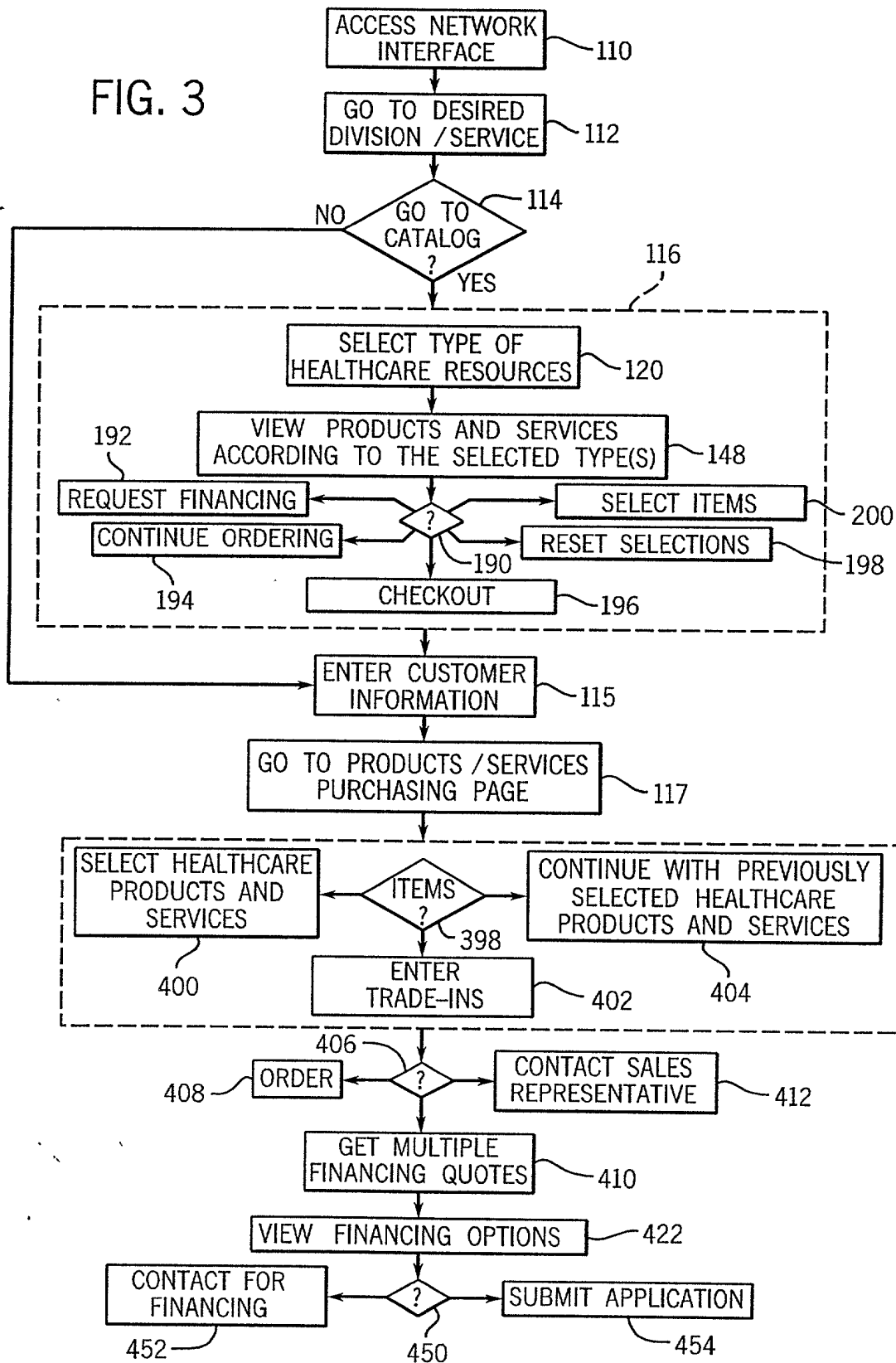


FIG. 1

FIG. 3



118

124 (TM) COMPANY NAME 122
126 SERVICE

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128 HEALTHCARE RESOURCES CATALOG 130

132 SELECT SYSTEM(S):

SYSTEM 1: SYSTEM 1 134

SYSTEM N: SYSTEM N 136

138 SELECT SERVICE(S):

SERVICE 1: SERVICE 1 140

SERVICE N: SERVICE N 142

144 SEARCH BY KEYWORD(S): KEYWORD 1, KEYWORD N 146

GO TO PRODUCTS 150

FIG. 4

124 (TM) COMPANY NAME 122
126 SERVICE

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164 QTY.
154 PRODUCT #
156 PRODUCT NAME
158 LIST
160 NET PRICE
130 AVAILABILITY 162

	164	154	156	158	160	130 162
	QTY.	PRODUCT #	PRODUCT NAME	LIST	NET PRICE	AVAILABILITY
170	Q1	PN1	SYSTEM 1	LP1	NP1	DIRECT SHIP 166
172	Q2	PN2	SYSTEM N	LP2	NP2	DIRECT SHIP 168
174	Q3	PN3	TRAINING 1	LP3	NP3	ON ORDER
176	Q4	PN4	TRAINING N	LP4	NP4	ON ORDER
178	Q5	PN5	SERVICES 1	LP5	NP5	ON ORDER
180	Q6	PN6	SERVICES N	LP6	NP6	ON ORDER
182	Q7	PN7	OPTIONS 1	LP7	NP7	ON ORDER
184	Q8	PN8	OPTIONS N	LP8	NP8	ON ORDER
186	Q9	PN9	ACCESSORIES 1	LP9	NP9	ON ORDER
188	Q10	PN10	ACCESSORIES N	LP10	NP10	ON ORDER

RESET 202
 CONTINUE ORDERING 204
 REQUEST FINANCING 206
 CHECKOUT 208

FIG. 5

124 210

128 TM COMPANY NAME 122 126 SERVICE 130

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EXISTING CUSTOMER: 212

FIRST NAME: 228 FN1 216 248 USER ID: ID1 240

232 LAST NAME: 230 LN1 218 250 PASSWORD: PW1 242

INSTITUTION NAME: IN1 220 252 BILLING #: BN1 244

ADDRESS: 234 ADDRESS1 222

CITY: CITY1 236 STATE: S1 238 254 ZIP CODE: ZIP1 246

NEW CUSTOMER: 214

FIRST NAME: 268 FN2 256 288 PHONE #: PN1 280

272 LAST NAME: 270 LN2 258 290 E-MAIL: EM1 282

INSTITUTION NAME: IN2 260 292 REFERRED BY: REF1 284

ADDRESS: 274 ADDRESS2 262

CITY: CITY2 276 STATE: S2 278 294 ZIP CODE: ZIP2 286

CONTINUE TO PRODUCTS 296

FIG. 8

124

420

128 (TM) COMPANY NAME 122

126 SERVICE

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424 PRE-APPROVED	426 SELECT	428 TERM	430 DESCRIPTION	432 130 PAYMENTS
NO	<input type="checkbox"/> 440	TERM 1	INSTALLMENT LOAN	PMT 1
NO	<input type="checkbox"/> 442	TERM 2	OPER. LEASE 434	PMT 2
NO	<input type="checkbox"/> 444	TERM 3	OPER. LEASE 436	PMT 3
			WITH SERVICE 438	
YES	<input type="checkbox"/> 446	TERM 4	PACKAGE 4	PMT 4
YES	<input checked="" type="checkbox"/> 448	TERM N	PACKAGE N	PMT N

PRINT QUOTES 462

CONTACT SALES REPRESENTATIVE 456

CONTACT ME 458

SUBMIT APPLICATION 460

124 298

128 (TM) COMPANY NAME 122 126 SERVICE

HOME PAGE 1 PAGE 2 PAGE 3 PAGE 4 PAGE 5 PAGE 6 PAGE 7 HELP

EQUIPMENT 300 308 QTY 310 \$ 130

324 PRODUCT / SERVICE TYPE: SYSTEM 1 312 Q1 COST 1

326 MANUFACTURER: MANUF 1 314 334 336

328 MODEL NUMBER: MODEL 1 316

330 DESCRIPTION: DESC1 318

332 DESIRED DELIVERY: MONTH 320 YEAR 322

OPTIONS & ACCESSORIES 302 338 342 346

OPTION 1: OPTION 1 338 Q2 COST 2

OPTION N: OPTION N 344 Q3 COST 3

SERVICES 304 350 340 358 366 364

TRAINING: 352 SERVICE PLAN 1 360 TERM 1 COST 4

SERVICE 2: SERVICE PLAN 2 360 TERM 2 COST 5

SERVICE N: SERVICE PLAN N 362 TERM 3 COST 6

TRADE-INS 306 354 382 386

PRODUCT 1: PRODUCT 1 370 Q4 CREDIT 1

378 PRODUCT N: PRODUCT N 372 Q5 CREDIT 2

AUTHORIZATION # AUTH 1 374

CONTACT NAME CONTACT 1 376 384 388

380 ☒ SAVE 392

390 ☒ CONTACT ME

ORDER GET MULTIPLE FINANCING QUOTES CONTACT SALES REP.

394 396 414 416 418

FIG. 7